## PART B - FEE(S) TRANSMITTAL

	omplete and send to FEB 2.1 2006 or Fax			Commissioner P.O. Box 1450 Alexandria, Vi	Alexandria, Virginia 22313-1450 (571) 273-2885		
INSTRUCTIONS: This for	orm should be used for tran	smitting the ISSU	JE FEE and P	UBLICATION FEE (if re	quired). Blocks 1 through 5	should be completed where	
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of addres 7590 11/30/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Pamela R. Crock Patent Legal Staff Eastman Kodak Co 343 State Street Rochester, NY 146	ompany			I hereby certify that States Postal Servic addressed to the M transmitted to the U	Certificate of Mailing or Transt this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE address SPTO (571) 273-2885, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.  (Depositor's name)	
02/22/2006 RMEBRAH1 00	000150 10767713			Qua	Carlas	(Signature)	
01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP				23,	aristy 96	2006 (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/767,713 01/29/2004		Brian E. Kruschwitz		uschwitz	85173SHS	5668	
	XTERNAL CAVITY ORGA		<del></del>		-		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	visional NO \$14		0	\$300	\$1700	02/28/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
RODRIGUEZ, ARMANDO		2828		372-039000			
CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicates	e address or indication of "Follonce address (or Change of 22) attached.  tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B			• • • •			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appea T a substitute fo	ar on the patent. If an assignment.	gnee is identified below, the	locument has been filed for	
(A) NAME OF ASSIGN	EE	(B	) RESIDENCE	E: (CITY and STATE OR CO	OUNTRY)		
343 STATE STR	MAN KODAK COMPA EET, ROCHESTER, NY assignee category or category	14650-2201	inted on the nat	tent): 🗖 Individual 🍇	, Corporation or other private gr	our artitu 🗍 Course	
4a. The following fee(s) are			. Payment of Fo		Corporation of other private gr	oup entity Government	
Issue Fee A check in the amount of the fee(s) is enclosed.							
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Authorized Signature	Panela R	Crocker	lype		2-14-06 n No. 42,44		
Typed or printed name	Tamela KC	irocker		Registratio	n No. 42,44	7	
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ing is governed by 35 0.3.C. opplication form to the USPT of for reducing this burden, sh inia 22313-1450. DO NOT \$ 1450.	D. Time will vary ould be sent to the SEND FEES OR C	depending upor Chief Informa COMPLETED F	obtain or retain a benefit by ction is estimated to take 12 n the individual case. Any tion Officer, U.S. Patent an FORMS TO THIS ADDRES	the public which is to file (and the public which is to file (and the minutes to complete, including the comments on the amount of the displays and the commissioner the displays a valid OMB control of the public which is to file (and th	by the USPTO to process) gg gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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